

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2	✓					
3	✓					
4		✓				
5		✓				
6		✓				
7		✓				
8	✓					
9		✓				
10		✓				
11		✓				
12		✓				
13		✓				
14		✓				
15		✓				
16		✓				
17		✓				
18		✓				
19	✓					
20	✓					
21	✓					
22		✓				
23		✓				
24		✓				
25		✓				
26		✓				
27		✓				
28	✓					
29	✓	✓				
30		✓				
31		✓				
32		✓				
33		✓				
34		✓				
35		✓				
36	✓	✓				
37	✓					
38	✓					
39	✓					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	24					
TOTAL CLAIMS	34					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY